

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED AUG 13 1941

Registration District No. 538

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5727

25568  
State File No.

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rhodes Chapel (Rural) Caston, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community always 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUTHER RAYMOND GROUND'S

3. (b) If veteran, name war 3. (c) Social Security No. 497-09-4236

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Raymond J. GROUND'S 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 29 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Madison County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Trucking

12. Name George W. Grounds

13. Birthplace Madison County Mo (City, town, or county) (State or foreign country)

14. Maiden name Kinsey H. Grounds

15. Birthplace Cumtland Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant R. E. Grounds

(b) Address 5740 Modellet St. St. Louis 12

17. (a) Burial (b) Date thereof 7-6-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhodes Chapel

18. (a) Signature of funeral director Stanley W. Dixon

(b) Address Fredericktown, Mo.

19. (a) July 5 1941 (b) S. C. Slaughter (Date received local registrar) (Registrar's signature)

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2. USUAL RESIDENCE OF DECEASED:

(a) County Madison 062  
(b) City or town Fredericktown (Rural) 0  
(If outside city or town limits, write "RURAL")  
(c) Street No. Rhodes Chapel (Caston) 0  
(If rural, give location)  
(d) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th 36 year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from and not as a consultant alone

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart trouble

Due to q. f. H.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

at home in yard (Specify type of place)

While at work? (b) Means of injury

23. Signature Dr. S. C. Slaughter (M. D. or other)

Address Fredericktown, Mo. Date signed 7/5/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, Md.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**